

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/576 485	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1					
4	1					
5	1					
6	1		1			
7	1		1			
8	1					
9	1					
10	1					
11	1					
12	1					
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1					
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22	1		1			
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26	1		1			
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28	1		1			
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30	1		1			
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40	1					
41	1					
42	1					
43	1					
44	1					
45	1		1			
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	20		20		20	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61	1		1			
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←	16	←	16	←	←
TOTAL CLAIMS	20		20		20	